



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

NONCUSTODIAL PARENT CHILD SUPPORT ENFORCEMENT APPLICATION

Please answer each question as fully as possible. Print or type all answers. If you do not know an answer, print "UNK" in the space. If you need more space, use a separate sheet and attach it to this form.

I. YOUR PERSONAL INFORMATION

1. Full Name	Last	First	Middle	2. Birthdate	3. Sex	4. Social Security No.
5. Other names that you use						
6. Race/Ethnic Origin	7. Height	8. Weight	9. Color of Hair	10. Color of Eyes		
11. If you need to receive correspondence from us in a language other than English, list the language:						
12. Your Place of Birth	City		State		Country	
13. Are you a member of an Indian tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, which tribe?						
If yes, do you live on a reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, which reservation?						
14. Your Mailing Address	P.O. Box or Street Number		City	State	Zip Code	
15. Your Residence Address (if different from above)	P.O. Box or Street Number		City	State	Zip Code	
16. Home Telephone Number	17. Work Telephone Number			18. Message Telephone Number		
19. Mother's Full Name (list even if deceased)	Last	First	Middle			
20. Mother's Maiden Name	Last	First	Middle			
21. Mother's Address	P.O. Box or Street Number		City	State	Zip Code	
22. Father's Full Name (list even if deceased):	Last	First	Middle			
23. Father's Address	P.O. Box or Street Number		City	State	Zip Code	
24. Are you a member of the military reserve forces? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a - c.						
a. Service Branch		b. <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard			c. Duty Station	
25. List the following information for relatives, friends, or place where DCS can contact you:						
a. Name			b. P.O. Box or Street Number		City	State Zip Code
c. Telephone Number			d. Relation to You			
a. Name			b. P.O. Box or Street Number		City	State Zip Code
c. Telephone Number			d. Relation to You			

II. YOUR EMPLOYMENT AND UNION INFORMATION

To help DCS process your application, please attach copies of your last three pay stubs or pay records.

1. Are you self-employed? ☐ No ☐ Yes. If no, go to question 2. If yes, answer a - c.

a. Company Name

b. ☐ Sole Owner
☐ Partnership
☐ Corporation

c. Company Address P.O. Box or Street Number City State Zip Code

2. Employer's Name

☐ Year-Around Employer
☐ Seasonal Employer

3. Employer's Address P.O. Box or Street Number City State Zip Code

4. Employer's Telephone Number

5. Days of the Week You Work?

6. Your Work Hours

7. ☐ Employer is an Indian Tribe ☐ Employer is an Indian-Owned Business Located on a Reservation
☐ Employer is a Tribally-Owned Business ☐ Employer is not Indian Tribe Related

8. Do you belong to a labor union? ☐ No ☐ Yes. If yes, answer a - c.

a. Union's Name

b. Local Number

c. Union's Address P.O. Box or Street Number City State Zip Code

III. YOUR HEALTH INSURANCE INFORMATION

1. Is health insurance available to you through your employer, union, or Indian Health Services? ☐ No ☐ Yes.
If yes, answer a - f.

a. Insurance Company's Name

b. Policy Number

c. Group Number

d. Insurance Company's Address P.O. Box or Street Number City State Zip Code

e. Type of Coverage ☐ Medical Only ☐ Medical and Dental
☐ Dental Only ☐ Other (list): _____

f. Effective Date

2. Do you have any other health insurance? ☐ No ☐ Yes. If yes, answer a - f.

a. Insurance Company's Name

b. Policy Number

c. Group Number

d. Insurance Company's Address P.O. Box or Street Number City State Zip Code

e. Type of Coverage ☐ Medical Only ☐ Medical and Dental
☐ Dental Only ☐ Other (list): _____

f. Effective Date

3. Does your health insurance cover any of the children involved in this case? ☐ No ☐ Yes. If yes, answer a and b.

a. Insurance premium per month to cover each child
\$

b. Total insurance premium per month to cover the children
\$

IV. YOUR FINANCIAL INFORMATION				
1. Gross Monthly Earnings or Income \$	2. Net Monthly Earnings or Income \$	3. Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
4. Bank Name		5. Bank Branch		
6. Bank Address	P.O. Box or Street Number	City	State	Zip Code
7. Do you receive retirement benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, from whom?				
If you receive a military retirement benefit, answer a and b.				
a. Your Retired Rank		b. Service Branch		
8. Do you receive worker's compensation benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.				
a. Who Pays the Benefit?		b. Claim Number		
9. Do you have income other than your salary or wages? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, list the source.				
10. Do you own property? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.				
a. Location of the Property		b. Type of Property (real estate, boat, car, etc.)		
V. YOUR MARRIAGE, PATERNITY, AND CHILD SUPPORT ORDER INFORMATION				
Attach copies of all paternity affidavits, court orders, administrative orders, and written child support agreements.				
If you were married to your children's other parent, answer 1 - 4.				
1. Date Married	2. Place Married	City	County	State Country
3. Are you now divorced from your children's other parent? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.				
a. Date Divorced	b. Place Divorced	City	County	State Country
4. Are you now separated (not divorced) from your children's other parent? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.				
a. Date Separated	b. Place Separated	City	County	State Country
If you were never married to your children's other parent, answer 5 - 7.				
5. Does a state or tribal court order name the children's father? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a - c.				
a. Date Order Entered	b. Place Order Entered	County	State	Country
c. Father's Full Name		Last	First	Middle
6. Did you sign a Paternity Affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.				
a. Date Signed	b. Place Signed	County	State	Country
7. Name of the state where the children were conceived.				

Answer 8 - 12 for all cases.				
8. Do you have any other child support orders? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a - c.				
a. Date Entered	b. Cause Number (if known)	c. Place Entered	County	State
9. Do you pay spousal maintenance (alimony)? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.				
a. Dates Paid		b. Name of Person Paid		
10. Did you ever pay child support to another state child support agency? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.				
a. Dates Paid		b. Name of Agency		
11. Did you ever pay child support through a court clerk? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.				
a. Dates Paid		b. Place Paid		State
12. Describe all verbal and written agreements you have with the other parent that affect the child support amount.				
VI. PERSONAL INFORMATION ABOUT THE OTHER PARENT				
This section is for information about the other (custodial) parent of the children named in this application.				
1. Full Name	Last	First	Middle	2. Sex
				3. Social Security No.
				4. Birthdate
5. Other names used				
6. If the other parent needs to receive correspondence from us in a language other than English, list the language:				
7. Place of Birth	City	State	Country	
8. Is the other parent a member of an Indian tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, which tribe?				
If yes, does the other parent live on a reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, which reservation?				
9. Mailing Address	P.O. Box or Street Number	City	State	Zip Code
10. Residence Address (if different from above)	P.O. Box or Street Number	City	State	Zip Code
11. Home Telephone Number	12. Work Telephone Number		13. Message Telephone Number	
VII. THE OTHER PARENT'S EMPLOYMENT AND EARNINGS INFORMATION				
1. Is the other parent self-employed? <input type="checkbox"/> No <input type="checkbox"/> Yes. If no, go to question 2. If yes, answer a - c.				
a. Company Name			b. <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
c. Company Address	P.O. Box or Street Number	City	State	Zip Code

2. Employer's Name			3. <input type="checkbox"/> Year-Around Employer <input type="checkbox"/> Seasonal Employer		
4. Employer's Address P.O. Box or Street Number		City	State	Zip Code	
5. Employer's Telephone Number		6. Days of the Week Worked		7. Work Hours	
8. <input type="checkbox"/> Employer is an Indian Tribe <input type="checkbox"/> Employer is a Tribally-Owned Business			<input type="checkbox"/> Employer is an Indian-Owned Business Located on a Reservation <input type="checkbox"/> Employer is not Indian Tribe Related		
9. Gross Monthly Earnings \$		10. Net Monthly Earnings \$		11. Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
VIII. INFORMATION ABOUT THE CHILDREN IN THIS CASE					
1. List all children living in the other parent's household for whom you have a requirement to pay child support or for whom you want a child support requirement established.					
a. Full Name Last First Middle		b. Sex	c. Social Security Number		d. Birthdate
e. Relationship To You		f. Place of Birth County State		g. Covered by Your Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
a. Full Name Last First Middle		b. Sex	c. Social Security Number		d. Birthdate
e. Relationship To You		f. Place of Birth County State		g. Covered by Your Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
a. Full Name Last First Middle		b. Sex	c. Social Security Number		d. Birthdate
e. Relationship To You		f. Place of Birth County State		g. Covered by Your Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
a. Full Name Last First Middle		b. Sex	c. Social Security Number		d. Birthdate
e. Relationship To You		f. Place of Birth County State		g. Covered by Your Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
a. Full Name Last First Middle		b. Sex	c. Social Security Number		d. Birthdate
e. Relationship To You		f. Place of Birth County State		g. Covered by Your Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
a. Full Name Last First Middle		b. Sex	c. Social Security Number		d. Birthdate
e. Relationship To You		f. Place of Birth County State		g. Covered by Your Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Did a state (other than Washington State) ever grant public assistance to the children listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a and b.					
a. When Granted (most recent)			b. Place Granted (most recent) County State		
3. Did the children live in more than one household while you had a requirement to pay child support? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, answer a - c. If you need more space, use a separate sheet and attach it to this form.					
a. Name of the Custodian in the Household		b. Location City State		c. Dates in Household	
a. Name of the Custodian in the Household		b. Location City State		c. Dates in Household	

IX. CHILD SUPPORT YOU PAID FOR THE CHILDREN NAMED IN THIS CASE

List all child support payments that you paid for the children involved in this case for the last 10 years. The Division of Child Support (DCS) may ask you to prove that you made these payments.

Year/Month					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

Year/Month					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

X. CERTIFICATION

I am asking for child support enforcement services. I realize that DCS tries to collect child support debts not barred by the statute of limitations. I know that this request registers my child support order with the Washington State Support Registry. I understand that the information I provide may be used by Washington State to establish, enforce, or modify my child support.

I agree to tell DCS of changes in my address, employer, or other events that might change my child support payment amount.

I declare under penalty of perjury, under the laws of the State of Washington, that:

1. All statements I gave on this form are true and correct.
2. I am not requesting or receiving child support enforcement services from another state.

Date

Signature

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.

Return this completed form to:
DIVISION OF CHILD SUPPORT

TTY/TDD services available for the speech or hearing impaired.
Visit our web site at: www.wa.gov/dshs/dcs